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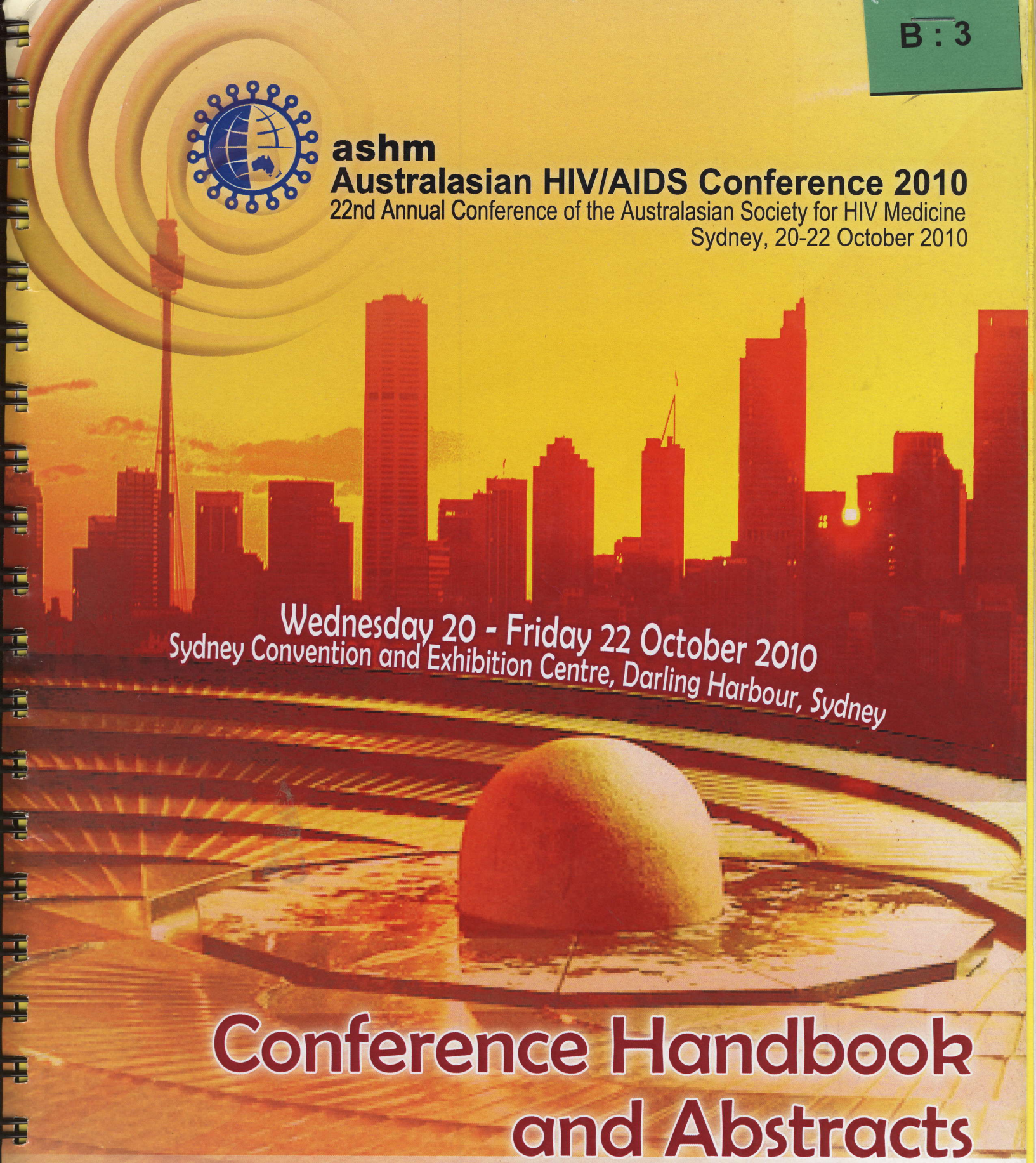
Australasian HIV/AIDS Conference 2010

22nd Annual Conference of the Australasian Society for HIV Medicine

Sydney, 20-22 October 2010



Wednesday 20 - Friday 22 October 2010

Sydney Convention and Exhibition Centre, Darling Harbour, Sydney

Conference Handbook and Abstracts

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- Australian Government Department of Health and Ageing
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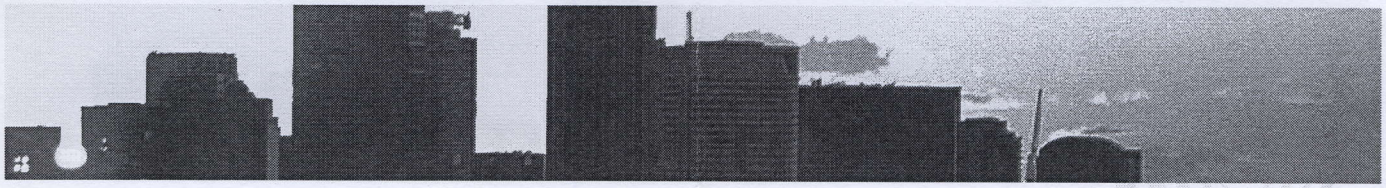
- Australian Centre in HIV and Hepatitis Virology Research (ACH^2)
- Australian Research Centre in Sex, Health and Society (ARCSHS)
- National Centre in HIV Epidemiology and Clinical Research (NCHECR)
- National Centre in HIV Social Research (NCHSR)



POSTER NUMBER:
PAPER NUMBER: 506

ADOPTING AND IMPLEMENTING PATIENT INFORMATION MANAGEMENT SYSTEMS IN ART SITES IN PAPUA NEW GUINEA

Parunga A, Millan J

National department of health, Sexual health, STI and HIV Unit, Port Moresby Papua New Guinea

ART facilities in PNG require robust systems for managing patient information in order to provide high-quality care and efficiently manage clinic operations. Program managers also require these systems to monitor program outcomes and inform policy. These needs become more acute as the number of patients accessing services increases dramatically, as has happened with ART scale-up in many settings.

PNG's STI/HIV/AIDS program in partnership with Clinton Foundation surveyed HIV patient databases used in other countries. Ultimately, a Microsoft Access-based application developed for the Tanzanian National AIDS Control Program most closely matched the PNG program's needs. Clinton Foundation purchased the source code on behalf of the PNG government and contracted with local developers from the University of Papua New Guinea to customize the application. The customized database was then piloted for four months at Port Moresby General Hospital in 2008. Now the database has been rolled out to major ART clinics in the provincial hospitals around the country.

Clinic staff reported spending 50-70% less time on data entry than previously.
3.5 times more patient visits were recorded during pilot compared with four-month pre-pilot period; other indicators of improved data quantity/quality including patient tracking and case follow ups.
-Pilot database endorsed for national adoption and roll-out is been carried out in all ART sites.

It is not necessary to "reinvent the wheel" when it comes to HIV patient database software.
Well-designed software can reduce data entry burden, while also collecting more, better-quality data, and most importantly, improve management of clinic operations and patient care (e.g. defaulter tracing).

POSTER NUMBER:
PAPER NUMBER: 86

THE IMPORTANCE OF EMOTIONAL SUPPORT: HOUSEHOLD SUPPORT AND QUALITY LIFE OF PLHIV AND TB IN MAKASSAR

Riskiyani S, Virani D,

Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

According to WHO's Global Tuberculosis Control Report 2009, 3% of all new TB patients in Indonesia are HIV positive. Provincial Health Department indicates that by March 2010, there were 3,272 people with HIV and AIDS in South Sulawesi. Research has shown that someone who is HIV-positive and infected with TB is five to seven times more likely to develop active TB than someone infected with TB without HIV. Coinfection has a profound effect on emotional and social well-being of individuals and their families since they often fear disability, powerless, death, stigma and social isolation. This research explores perception of people with HIV and TB and household members about how they give emotional support to them and what kind of emotional support is needed by PLWH and TB.

The study was conducted in consultation with the coordinator of HIV care and support program in Makassar who played a pivotal role in recruiting participants in this study. Data was collected using semi-structured in-depth interviews with four PLWH and TB which included three men and one waria, and two members from each household. The study shows that each household experiences different psychological burdens, depending on their acceptance to HIV status. It is also evident that social status may be important in accessing and providing support. A family member from lower social status household indicates that her acceptance to the existing disease affects on their support. This is based on the idea that no matter what the disease is, they need to help each other. But,there's also a different kind of support among household members.

Parents support more like give advice about health status. Sisters brothers support more to keep the patient in the house not just in order to avoid shame and public scrutiny, but they also believe that this is the best way to protect the patient from stigma and social isolation. However, PLWH themselves expect to be treated normally, except if they get sick or is hospitalized. Despite the disease, they still want to have a meaningful social life.